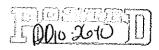
File the original with:



PAGE. 2/ 2 226548 224573

CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters RECEIVE	
P.O. Box 11649 Columbia, S.C. 29211 OCT 9 6 2010	Columbia, S.C. 29201 (803) 737-0578
(803) 896 - 5100 UCI 2 0 ZUIU	FAX (803) 737-0815
FAX (803) 896-5199	
10 01 a	Dodat 1984-29-T 1984-29-T
I have the following Certificate:	1981 20 T
Class C Taxi # 3986 Class C Charter #	Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment(s) to my consider this as my request for the following amendment (s) to my consider the following amendment (s) the following amendment (s) to my consider the following amendment (s) to my consider the following amendment (s) the following amen	
Name Change	OCT. 26 2010
From: DI	BA: TTWWW
(Current Name)	(Current DBA if applicable)
TO: DBA	4:
(New Name)	(New DBA if applicable)
Scope of Authority	
From:To	X
(Current Scope)	(New Scope)
Passenger Limit	
From: (5) Five To	(7) Seven
(Current Limit Number)	(New Limit Number)
Yellow Cab of Conway LLC	
David T. Wellon's Sr.	(Street and/or Mailing Address)
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
Conway S.C. 245.76	Lower Men
(City, State, Zip Code)	(Signature)
EX13-248 4069	Manacht
(Telephone Number)	Manager (Title) Owner, President, etc.

Yellow Cab 1818 Main Street Conway, S. C. 29526 (843) 248-9069 Fax (843)248- 6439

RECEIVED

OCT. 2.6 2010

T.T.W.W.W

Facsimile Transmittal

To: Currell

Fax# 803.737-0815

From: Yellaw Lahot Conway Date:
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